

**INSTRUCTIONS FOR FILING APPLICATION FOR FACULTY LIMITED LICENSE  
2009**

In order to obtain a faculty-limited license you must have received an appointment as a full-time faculty member of one of the Commonwealth's dental schools. If granted a license, you may only practice in conjunction with the dental school programs in which you are a faculty member and may only provide services to patients of these programs. **A letter must accompany your application from the Dean or Program Director of the Dental School stating that you have been appointed as a faculty member and the department in which you will be working.**

1. \_\_\_\_ When completing your application, you must use the name under which you desire to be licensed. The application must be accompanied by a check made payable to the Kentucky Board of Dentistry in the amount of \$165.00. The application must be completed and sworn before a Notary Public.
2. \_\_\_\_ Submit an official copy of your complete dental school transcript with your degree posted on it. This must have a seal or registrar's stamp. **This must be sent directly to the Board office.**
3. \_\_\_\_ Your National Board Score Card (copies not accepted) if applicable. Call 800-621-8099 to request it to be sent directly to the Board office.
4. \_\_\_\_ You must sign a statement (attached) regarding restriction of limited licensure.
5. \_\_\_\_ Provide proof of having taken a Kentucky Cabinet for Health & Family Services approved HIV/AIDS course within the last year. To obtain a current list of the approved courses call 502/564-6539 or check the Web site at: <http://chfs.ky.gov/dph/epi/hivaids/professionaleducation.htm>.
6. \_\_\_\_ You must pass a Kentucky Jurisprudence Examination which can be taken online at <http://dentistry.ky.gov>. You may reference the statutes and regulations via the web or you may request a law booklet be mailed to you. **Send \$10 to the Board office with your request for a law booklet.**
7. \_\_\_\_ You must show proof of being current in BLS. Make copy of the front and back of our card and send with application.
8. \_\_\_\_ Completion certificates showing proof of 30 hours of continuing education taken within the previous 24 months. 20 hours must be in scientific presentation format. 10 hours can be business, internet, magazine, or journal articles, or home study courses. The hours for CPR or BLS do not count toward this requirement. These hours used for initial licensure cannot be used for renewal of your license. ***If you graduated less than 24 months ago, you are exempt from the CE requirement for the calendar year of your graduation only.***

**IF YOU HAVE BEEN LICENSED PREVIOUSLY IN ANOTHER STATE YOU MUST:**

7. \_\_\_\_ Submit current (within 3 months) letters verifying good standing for each and every state in which you hold or have previously held a license. This must be sent directly to the Board office from the verifying agency.
8. \_\_\_\_ Fill out an application for the National Practitioners Data Bank Report (available at <http://dentistry.ky.gov/forms.htm>) and submit it with your licensure application and the \$25.00 processing fee. The report will be run at the Board office.

Limited licenses are subject to biannual renewal by December 31st of each year. The license will automatically expire upon termination from the program and you need to notify the Board office of this.

**Mail application and fee to:**

**KENTUCKY BOARD OF DENTISTRY  
312 WHITTINGTON PKWY, SUITE 101  
LOUISVILLE KY 40222  
PHONE: 502/429-7280**

**MEMORANDUM  
STATEMENT REGARDING LICENSURE LIMITATIONS  
FACULTY LIMITED LICENSE**

It is with appreciation that I acknowledge the circumstance under which my licensure by the Kentucky Board of Dentistry has been effected. It is acknowledged that I was afforded this special consideration in order that I might be licensed in the Commonwealth of Kentucky to carry out my patient care functions as a faculty member, by or associated with one of the Commonwealth's dental schools programs and that I may only practice dentistry in conjunction with this program and may only provide professional services to patients of this program. It is further understood that this license is subject to annual renewal and shall automatically expire upon termination of my status as faculty in this program.

Signed: \_\_\_\_\_

Name of University: \_\_\_\_\_

Current date: \_\_\_\_\_

## CHECKLIST FOR LIMITED LICENSURE

Items to send with application:

1. \_\_\_\_ Application with photo & affidavit
2. \_\_\_\_ Proper fee
3. \_\_\_\_ Letter from the Dean or Director of your program stating your acceptance.
4. \_\_\_\_ National Board Score Card
5. \_\_\_\_ Approved HIV/AIDS course
6. \_\_\_\_ 30 Hours Continuing Education
7. \_\_\_\_ Official transcript with degree posted
8. \_\_\_\_ Jurisprudence exam
9. \_\_\_\_ Signed statement regarding licensure
10. \_\_\_\_ Front and Back of current CPR card
11. \_\_\_\_ License verifications
12. \_\_\_\_ National Practitioners Data Bank Report Application